



RISK MANAGEMENT STRATEGIES FOR CAREGIVERS

EFFECTIVE WAYS TO ADDRESS LETHAL MEANS

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MEET THE PRESENTERS



AGENDA

- Brief review of Child and Adolescent Suicide Literature
- Characteristics of Suicidal Crises
- Lethal Means
- Goal of Means Reduction
- Ways to enhance safety
- Community Supports/Parental Self-Care
- Q & A

LEARNING OBJECTIVES

1. To identify relevant literature related to suicidal/parasuicidal behaviors in children/adolescents, including an emphasis on lethal means access
2. To develop concrete safety plans to eliminate children's access to lethal means, and
3. To underscore the role of community support in managing parental vicarious traumatic stress



DISCLAIMER: VICARIOUS TRAUMA

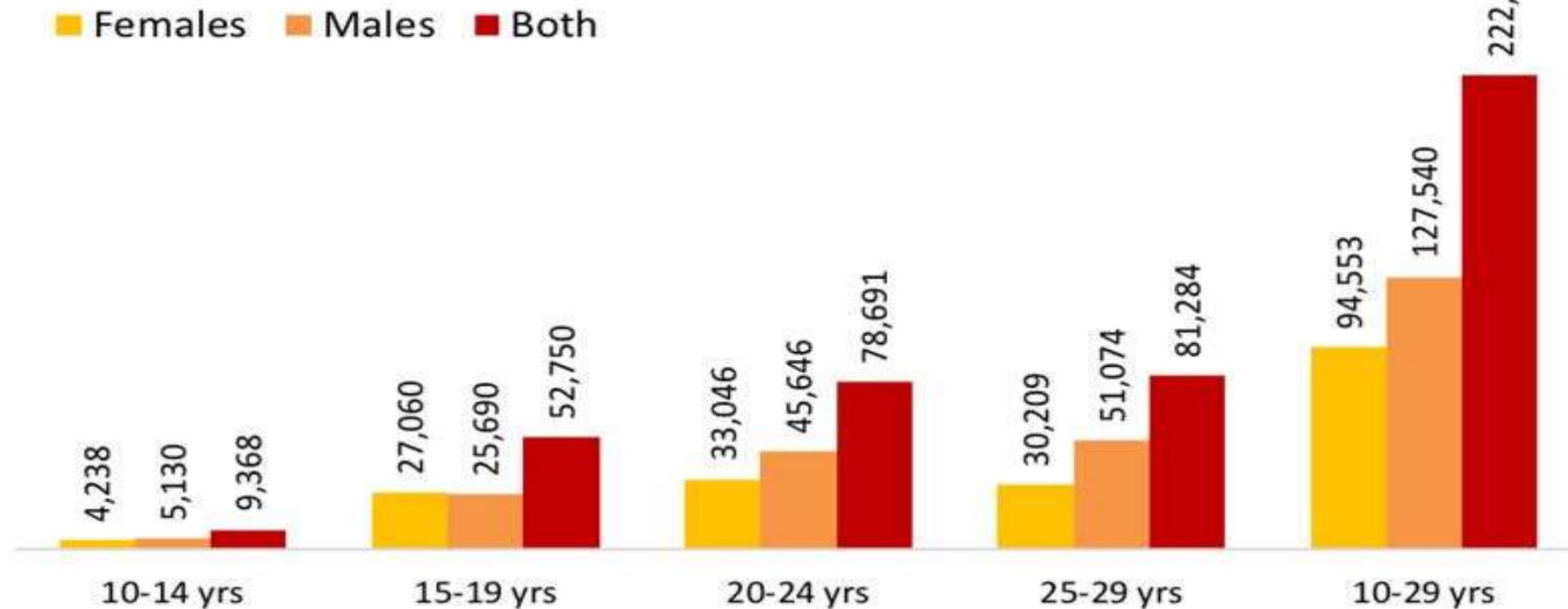
CHILD AND ADOLESCENT SUICIDE STATISTICS

- 30% increase in suicide rates for persons ages (10-24) from 2007-2010.
- Suicide is the second leading cause of death (CDC, 2017)
- More adolescents die from suicide than by other serious medical conditions. (CDC, 2017)
- Suicide is the 9th leading cause of death in children ages 5-11 (CDC, 2017)
- There are approximately 3,703 daily youth suicide attempts in grades 9-12. (The Parent Resource Group, 2017)

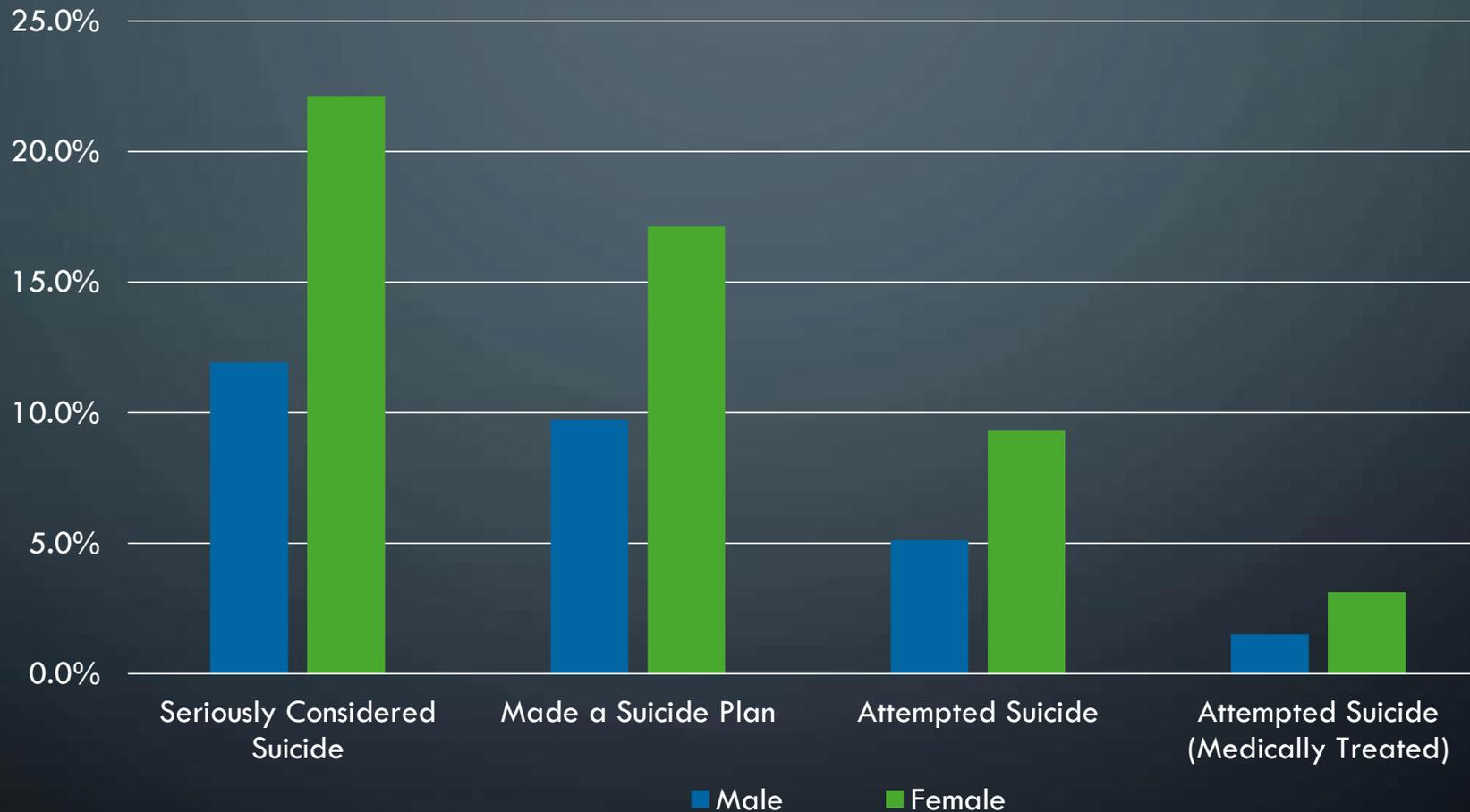
CHILD AND ADOLESCENT SUICIDE STATISTICS (CONTINUED)

- From 2007-2015, there was a 92% increase in emergency department visits. (Burstein et al., 2015)
- Suicidal behaviors in children (ages 5-11) account for almost 50% of emergency department visits. (Plemmons et al., 2018)

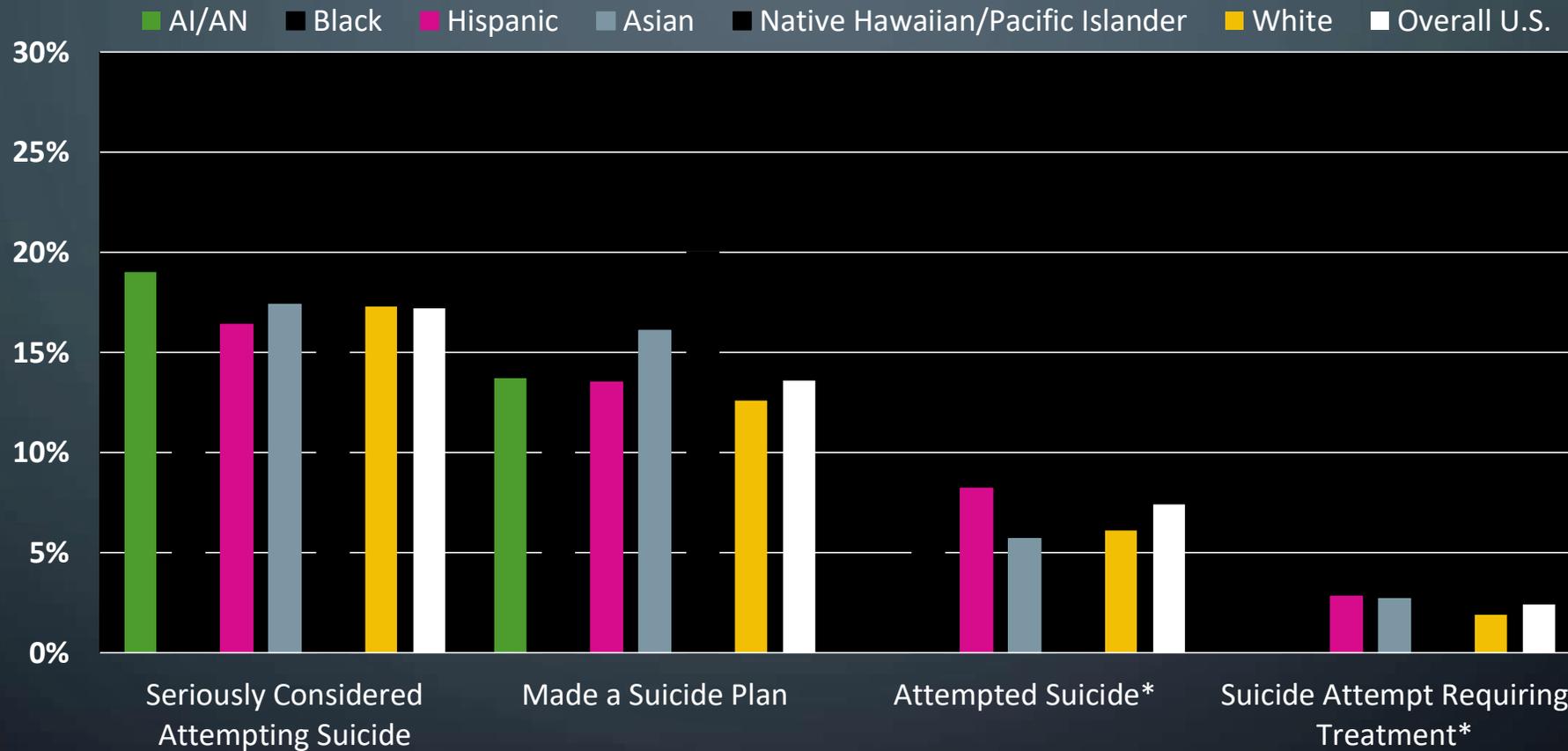
Number of suicides globally in young people, 2016



Past Year Suicidal Thoughts, Plans and Attempts Among High School Youth by Sex, United States 2017



Past-Year Suicidal Thoughts and Behaviors for High School Youth, United States 2017



*Percentage estimates for AI/AN youth and Native Hawaiian/Pacific Islander youth who had a past-year suicide attempt or whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse were too small to be reliable and are not included in this chart.

COVID-19 & POLICE VIOLENCE

- Psychological and social effects
- Associated with distress, anxiety, fear, depression, insomnia, social isolation, uncertainty, and chronic stress
- May lead to development or exacerbation of depressive, anxiety, substance use and other psychiatric disorders

(MAYO CLINIC, 2019)

COMMON BEHAVIORAL AND EMOTIONAL SIGNS OF SUICIDAL BEHAVIORS

- Direct or indirect suicidal statements
- Verbal hints
- Preoccupation with death
- Guilt, shame, or rejection
- Finalizing life affairs
- Abrupt pleasant demeanor
- Significant characterological changes
- Irritability
- Psychosis
- Appetite changes
- Sleep disturbances
- Shifts in academic performance

(STANFORD CHILDREN'S HEALTH, 2019)

RISK FACTORS

- Prior suicide attempt(s)
- Mental disorders, particularly depression and other mood disorders
- Misuse and abuse of alcohol or other drugs
- Access to lethal means (e.g., firearms, medications)
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care

CHARACTERISTICS OF SUICIDAL CRISES

Sometimes
difficult to
predict

Rapid

Acute

Can Lead to
Unplanned
Attempts

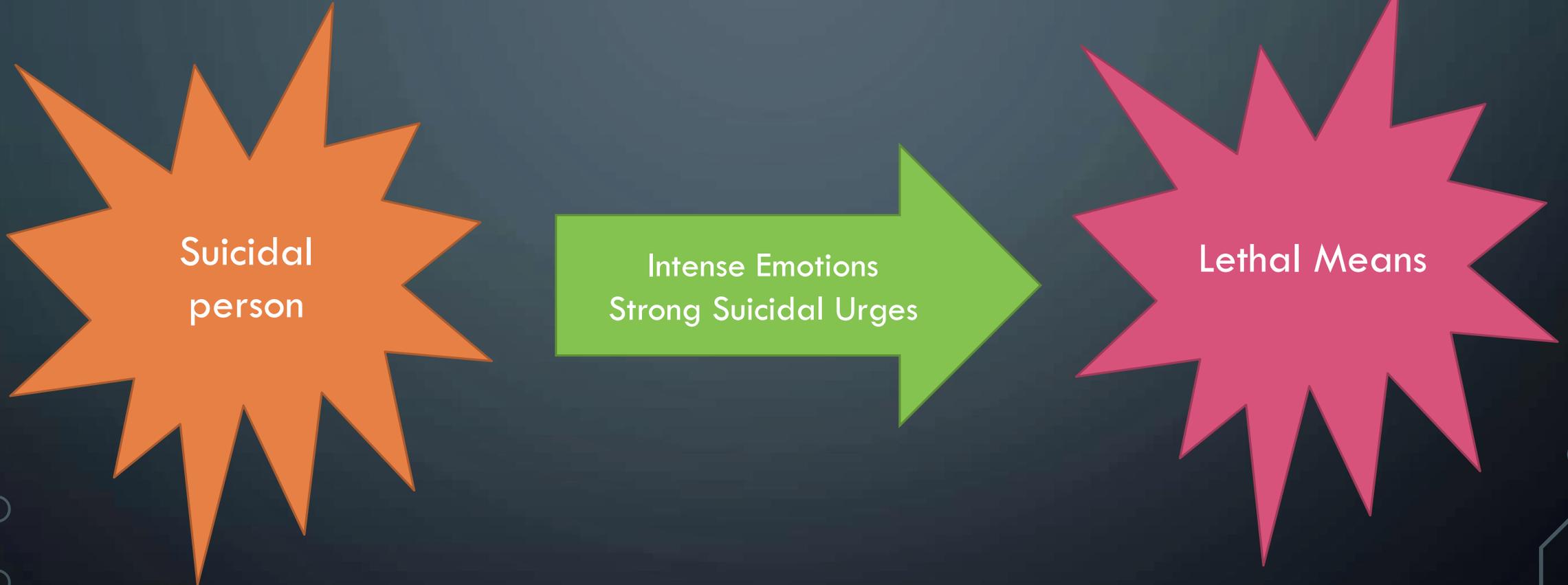




HOW MUCH TIME PASSES BETWEEN THE DECISION TO COMMIT SUICIDE AND THE ATTEMPT?

- 24% said less than 5 minutes
- 24% said 5-19 minutes
- 23% said 20 minutes to 1 hour
- 16% said 2-8 hours
- 13% said 1 or more days

THE RELATIONSHIP BETWEEN SUICIDAL DELIBERATION AND ATTEMPTS



GOAL OF MEANS REDUCTION

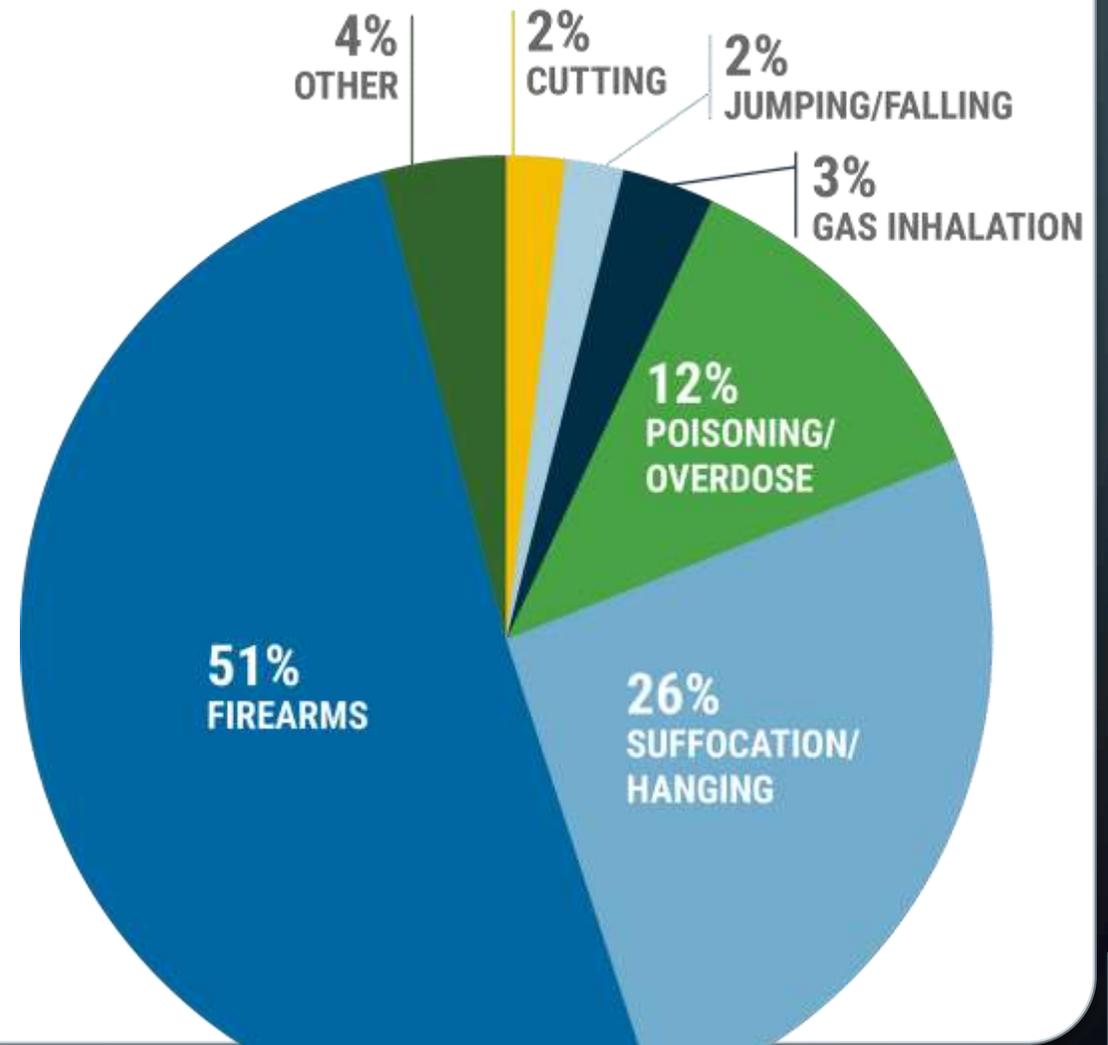
Suicidal
person

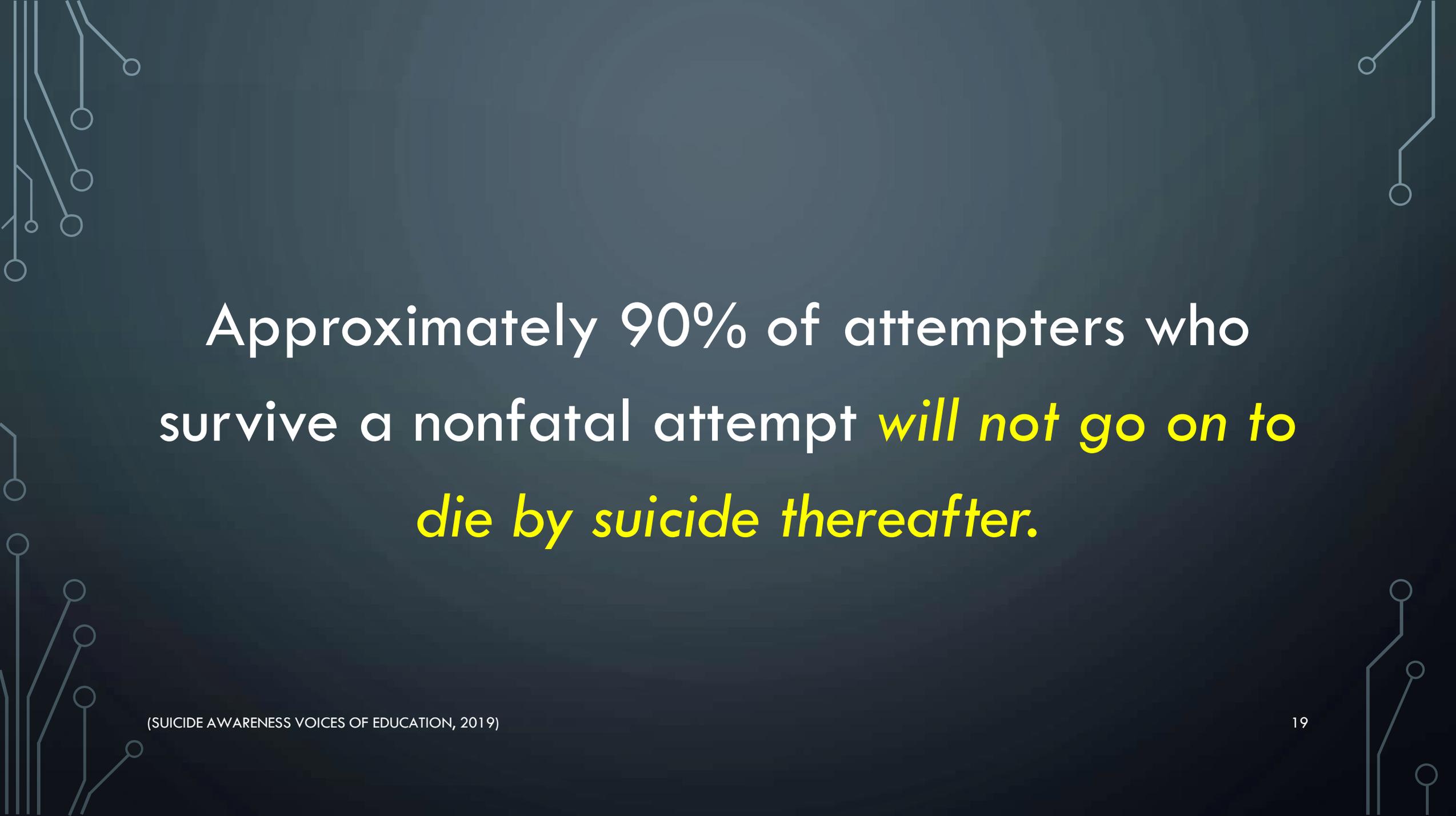
Time

Distance

Lethal Means

SUICIDE RATES IN THE U.S. STRATIFIED BY METHODS



The slide features a dark blue background with white circuit-like lines in the corners. The main text is centered and reads: "Approximately 90% of attempters who survive a nonfatal attempt *will not go on to die by suicide thereafter.*"

Approximately 90% of attempters who survive a nonfatal attempt *will not go on to die by suicide thereafter.*

(SUICIDE AWARENESS VOICES OF EDUCATION, 2019)

THE ROLE OF LETHALITY

When a high proportion of attempts by that method end in death.

The lethality of the means could determine life or death.

CONSIDER THIS

When a person is ready to attempt suicide, and the method is **NOT** available, one of two situations is likely to occur:

- (1) The person will delay the suicide attempt OR
- (2) They will substitute another method.

MEANS MATTER

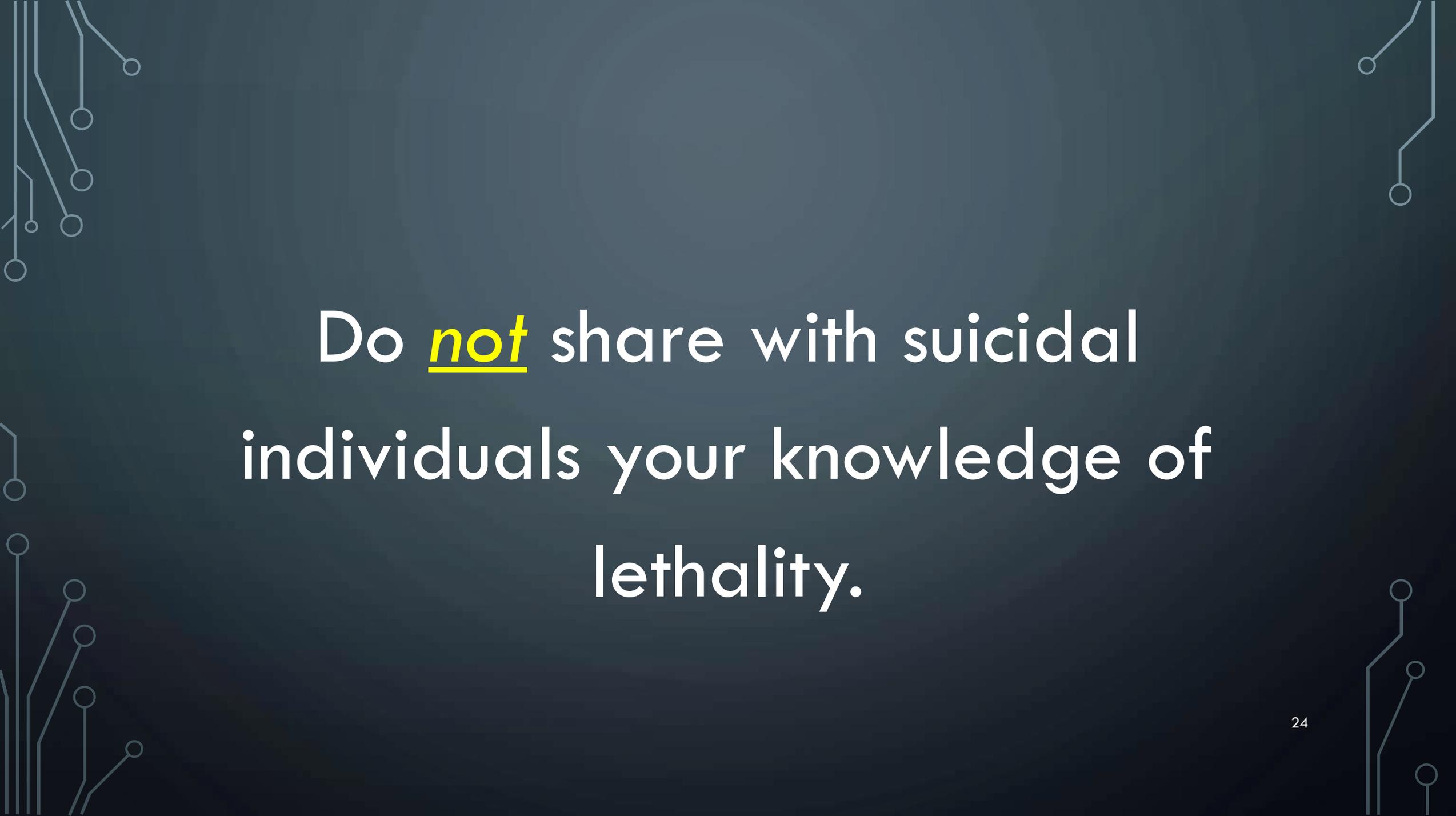


- Means specificity is critical.
- A Means Reduction approach.
- Several factors impact Means Reduction.
- Consult with your child's mental health provider.

MEANS SUBSTITUTION

- The role of preferred lethal methods.
- Blocked preferences facilitates delays.
- Remember, suicidal crises are often short.
- Suicidal ambivalence can be advantageous.



The background is a dark blue gradient. In the corners, there are decorative white line-art elements resembling circuit boards or neural networks, with lines connecting to small circles.

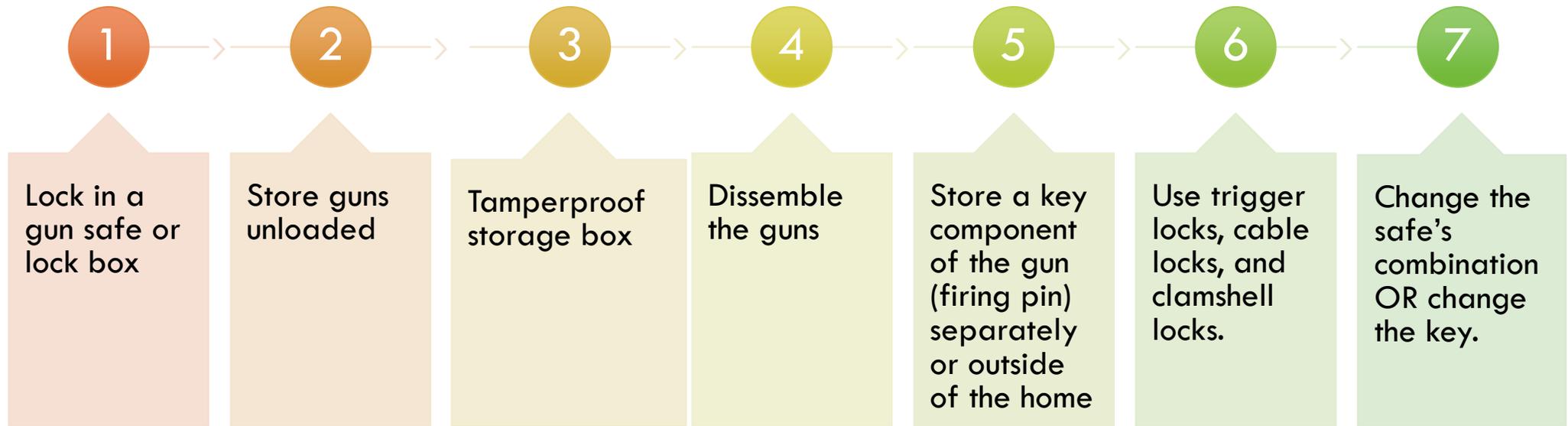
Do not share with suicidal individuals your knowledge of lethality.



ADDRESSING FIREARMS



Prioritize **offsite**
firearm storage.



HOW TO STORE FIREARMS ONSITE (IF YOU MUST) CONTINUED

OFFSITE STORAGE OPTIONS

- Store with a relative or friend
- Law enforcement
- Self-storage rental unit
- Gun shop
- Shooting range
- Pawn Shop



KNOW YOUR STATE'S FIREARM TRANSFER LAWS

- Do NOT ask a person outside the home to temporarily store a firearm if:
 - (A) The person was convicted of a felony or domestic violence misdemeanor
 - (B) The person has been hospitalized involuntarily
 - (C) The person is identified as mentally incompetent
 - (D) Uses controlled substances illegally



TRUE OR FALSE

HIDING GUNS IN YOUR HOME IS AN EFFECTIVE STRATEGY TO REDUCE A SUICIDAL CHILD'S ACCESS TO FIREARMS.

... SO WHEN IS IT SAFE TO BRING GUNS BACK INTO THE HOME?



- Dependent on the status of the suicidal person.
- Suicidal feelings can spike frequently, even after a crisis.
- Recommendation: A long period of behavioral stability.
- Consult your child's clinical treatment team.

BUT WHAT IF I NEED A GUN FOR SELF-DEFENSE?

- Consider specific threats.
- Analyze associated probabilities.
- Establish alternate defenses.
- Remember the goal: Safe from suicide.
- “I must have a gun at home.”





ADDRESSING POISONING/OVERDOSE

OVERDOSE PREVENTION/MEDICATIONS



- Primary Target: Opioids
- Potentially addictive medications.
- Combinations of medications.

MORE ON MEDICATIONS

01

Dispose

- Unused Medications: Safely dispose of unused or unwanted medicines.

02

Store

- Temporarily store Opioids with someone outside the home.

03

Store

- If in the home, store Opioids in a locked box.

04

Designate

- Designate a responsible family member to supervise their usage.

05

Speak

- Speak with your doctor about having Narcan Nasal Spray for emergencies.

OTHER LETHAL MEANS

- If a someone identifies a specific method, focus on eliminating access temporarily.
- Discuss other ways of keeping the person alive.
- Undivided, focused supervision of the suicidal person.



SAFETY PLANNING



- Every suicidal crisis is different.
- Methods can also vary.
- How do we account for the unknown?

MEANS REDUCTION EVALUATION

- **Number of Suicides:** Number of suicide deaths caused by a specific method.
- **Lethality:** The proportion of attempts by a given method that end in death.
- **Irreversibility:** The inability of someone attempting suicide to stop once it has begun or to be rescued. People can stop attempts.
- **Accessibility:** the present availability of the method. Accessibility is critical during suicidal crises that are random with minimal planning.
- **Acceptability:** Cultural or individual/tolerance or preference for using a particular method to kill oneself.

MEANS REDUCTION SUMMARY

Summary					
	Number of Deaths	Lethality	Irreversibility	Accessibility	Acceptability
Cutting	Low	Low	Low	High	High
Jumping/Falling	Low	High	High	Low	Low
Gas Inhalation	Low	Moderate	Low	Moderate	Low
Poisoning/Overdose	Moderate	Low	Low	High	High
Suffocation/Hanging	Moderate	Moderate	Low	High	Moderate
Firearms	High	High	High	High	High

HIGH
 MODERATE
 LOW

(SPRC, 2018)



REVIEW OF SAFETY PLAN



COMMUNITY SUPPORTS

- **Maryland Safe Storage Map:**
<https://mdpgv.org/safestoragemap>
- **National Suicide Prevention Hotline:** 1-800-273-8255 | suicidepreventionlifeline.org
- **Crisis Text Line:** Text HOME to 741741 | www.crisistextline.org
- **Maryland Crisis Hotline:**
<https://pressone.211md.org/>
- **Gatekeeper training:**
<https://health.maryland.gov/suicideprevention/Pages/gatekeeperstraining.aspx>

NEED TO TALK?

*Problems with alcohol or drugs?
Depression? Anxiety? Thoughts of suicide?*

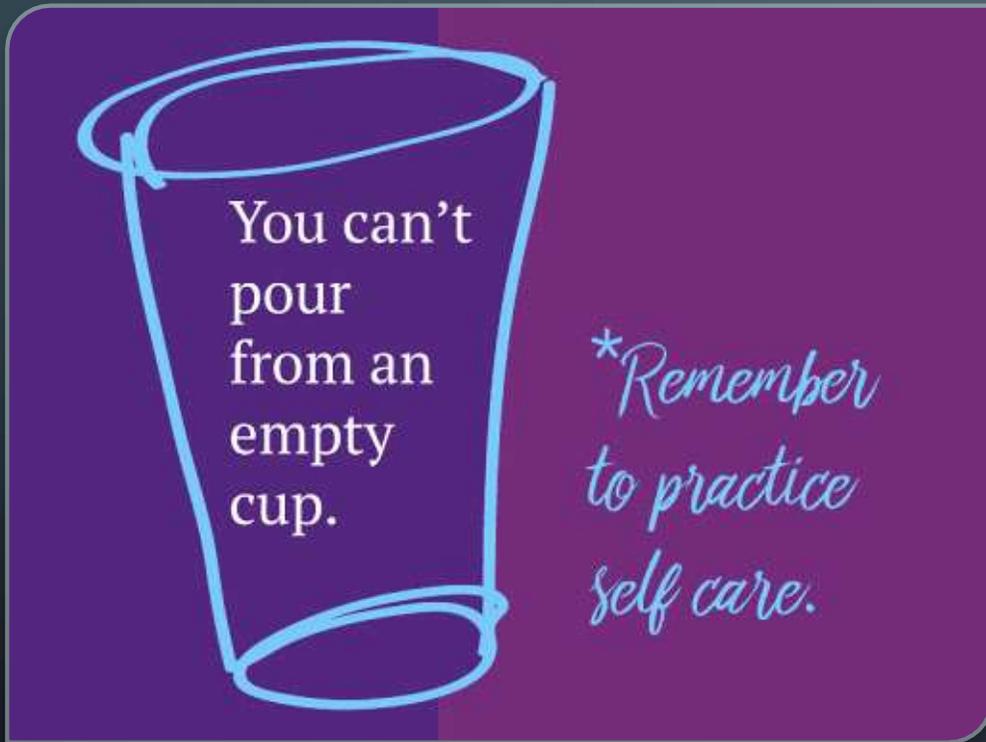
Crisis can take many forms.
CALL MARYLAND'S HELPLINE
*Reach out to talk with someone who cares.
Available 24 hours/7 days a week.*

**CALL 211,
PRESS 1**
or
TEXT US
*Text your
ZIP code to
898-211
(TXT-211).*

For more information, visit 211md.org.

 **MARYLAND**
Department of Health

PARENTAL SELF-CARE



- Self Care Assessment -
 - Physical
 - Psychological
 - Emotional
 - Spiritual
 - Relationship
 - Workplace/Professional
- Plan to practice self-care even for 1 minute a day, looking at areas that may benefit from more attention



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